

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000003	2 PAGE # 1 of 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mark	MI
	NICKNAME	LAST Lee	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	7670 Woodway Suite 110 Houston, TX 77063		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Alan	MI
	NICKNAME	LAST Guttman	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
7670 Woodway Suite 110 Houston, TX 77063			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 978-7701			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
01/01/2006		THROUGH	06/30/2006
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Houston City Council Dist. C
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Lee, Mark

15 ACCOUNT # (Ethics Commission filers)
00000003

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	90.30
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4. TOTAL POLITICAL EXPENDITURES	\$	3,430.30
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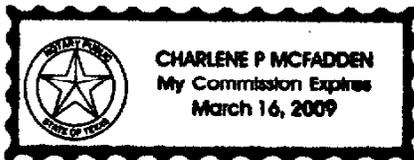
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,490.28
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark D. Lee, this the 17th day of July, 2006, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Charlene P. McFadden
Print name of officer administering oath

Notary
Title of officer-administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/10
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003
4 Date 02/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hong, Jefferson 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
		16 Arrival date
17 Means of transportation		18 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 4/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 03/06/2006	5 Payee name Al Bennett Campaign 6 Payee address; City; State; Zip Code P.O. Box 88051 Houston, TX 77288	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/11/2006	5 Payee name Anne Clutterbuck Campaign 6 Payee address; City; State; Zip Code 2476 Bolsover #428 Houston, TX 77005	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 5/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 05/16/2006	5 Payee name Asian American Bar Association 6 Payee address; City; State; Zip Code P.O. Box 1554 Houston, TX 77251	7 Amount (\$) \$630.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/06/2006	5 Payee name Chris Bell Campaign 6 Payee address; City; State; Zip Code 6524 San Felipe PMB 441 Houston, TX 77057	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 6/10
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003
4 Date 02/03/2006	5 Payee name David Murff for Congress 6 Payee address; City; State; Zip Code P.O. Box 1028 Bellaire, TX 77401	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date
15 Means of transportation		16 Purpose of travel
4 Date 02/02/2006	5 Payee name First National Bank of Omaha 6 Payee address; City; State; Zip Code P.O. Box 3190 Omaha, NE 68103	7 Amount (\$) \$60.00
8 Purpose of payment (See instructions regarding type of information required.) Bank Service Charges <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date
15 Means of transportation		16 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 7/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 01/25/2006	5 Payee name Friends of Hubert Vo 6 Payee address; City; State; Zip Code P.O. Box 2227 Alief, TX 77411	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/21/2006	5 Payee name Harris County Democratic Party 6 Payee address; City; State; Zip Code 1445 N. Loop W. Suite 110 Houston, TX 77008	7 Amount (\$) \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 8/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 06/02/2006	5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/24/2006	5 Payee name McDavid for Texas House 6 Payee address; City; State; Zip Code P.O. Box 924016 Houston, TX 77292	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 9/10	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 02/03/2006	5 Payee name Peter Sakai for the 225th Dist Court Cmp 6 Payee address; City; State; Zip Code P.O. Box 15395 San Antonio, TX 78212	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 10/10
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003
4 Date 06/01/2006	5 Payor name First National Bank of Omaha 6 Payor address; City; State; Zip Code P.O. Box 3190 Omaha, NE 68103 7 Reason for credit Refund	8 Amount (\$) \$50.00